



10/23/07

CITY OF WIMBERLEY EMERGENCY CONTRACTOR CERTIFICATION APPLICATION

CONTRACTOR CLASSIFICATION: (Mark all applicable)

General Master Elec. Journeyman Apprentice Plumbing
 Mechanical Irrigation Septic

Application must be accompanied by the following documents:

- a. A copy of the applicant's valid driver's license
- b. Proof of a General Liability Insurance Policy for an amount not less than \$1,000,000, if the Contractor will be performing a scope of work that exceeds \$2,000
- c. For trade contractors, proof of licensing for their respective trades through the state contractors' licensing agency of the state within which their business is located and proof of any minimum insurance required by the state.
- d. Name and address of the contractor's registered agent (if applicable) *(Not submitted)*

APPLICANT INFORMATION

Name: John Strobel
Address: 6010 Mission Tr City: Wimberley Zip: 78676
Phone: (512) 848-6358 Cell: _____
E-mail: info@strobelconstruction.com Fax: (512) 847-1835
State License Number: _____ Expiration: _____

COMPANY INFORMATION

Name: S.C.I. Custom Homes
Address: 6010 Mission Tr City: Wimberley Zip: 78676
Phone: (512) 847-8395 Cell: (512) 848-6358
E-mail: info@strobelconstruction.com Fax: (512) 847-1835
Contractor License Holder: _____

REQUIRED REFERENCES

Provide three (3) references, as shown below, who are competent to judge your experience in the fitness for the occupation in which you seek this certification. No reference may be related to you by consanguinity or affinity, nor may any reference be affiliated with the applicant as a partner, officer, employee, employer or hold any similar position, compensated or non-compensated.

Reference No.1

Name: Bob Weber Street Address: 1824 Flite Acres Phone Number: (281) 395-5160
Date Work Performed: ASAP
Brief Description of Work: Frames, Replace Windows, Extension Doors, -
Concrete Insulation, Digital Electrical, Plumbing, HVAC (A/C unit)
Trim Countertops, Plumbing, Flooring

Reference No.2

Name: _____ Street Address: _____ Phone Number: _____
Date Work Performed: _____
Brief Description of Work: _____

Reference No.3

Name: _____ Street Address: _____ Phone Number: _____
Date Work Performed: _____
Brief Description of Work: _____

SITE WORKERS

Provide a list of all agents or employees of the Contractor who will be performing work in the City.

1. Wimberly Electric (512) 618-0804
2. Israel Plumbing (512) 558-2587
3. Kurt HVAC (512) 845-1589
4. Huston Granite (512) 633-7271
5. Adnan Perez Painter (512) 138-0227
6. Albaida Cortez Flooring (512) 557-1460
7. Maxile Mason (832) 579-7744
8. Home Depot Flooring (932) 572-0714
9. _____
10. _____

INFORMATION CERTIFICATION

I certify that the information provided in this application is true and correct to the best of my knowledge and belief.

Signed this the 7 day of July, 2015.

[Signature]
Applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/16/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lothrop Insurance Agency 7151 Colleyville Blvd Ste 101 Colleyville TX 76034		CONTACT NAME: PHONE (A/C, No, Ext): 817-410-1161 FAX (A/C, No): E-MAIL ADDRESS: blothrop@farmersagent.com	
INSURED JOHN STROBEL 610 MISSION TRAIL WIMBERLEY TX 78676		INSURER(S) AFFORDING COVERAGE INSURER A : RSI INTERNATIONAL LLOYDS UNDERWRITERS NAIC # 21709 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			KFA201558	07/16/2015	07/16/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		N/A			WC STATUTORY LIMITS OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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Texas

TX

DRIVER LICENSE



4d DL [REDACTED] 9 Class **B**
4a Iss **08/02/2013** 4b Exp **08/06/2019**
3 DOB [REDACTED]
1 **STROBEL**
2 **JOHN DAVID**
8 **610 MISSION TRAIL**
WIMBERLEY TX 78676-0000
12 Restrictions **NONE** 9a End **NONE**
16 Hgt **6-00** 15 Sex **M** 18 Eyes **BRO**
5 DD **72311360184022308092**

John Strobel